

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18479

**FILED**  
**Apr 05, 2010**  
**Secretary of State**

**Entity Name:** PALMS WEST MEDICAL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

13005 SOUTHERN BLVD  
LOXAHATCHEE, FL 33470 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CMC MANAGEMENT  
2950 JOG ROAD  
GREENACRES, FL 33467 US

**New Mailing Address:**

**FEI Number:** 65-1006932

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ST JOHN, CORE & LEMME, P.A.  
1601 FORUM PLACE, STE. 701  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

ST JOHN, CORE & LEMME, P.A.  
1601 FORUM PLACE,  
SUITE 701  
WEST PALM BEACH, FL 33401 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/05/2010

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TS  
Name: PATTERSON, MICHAEL  
Address: 13001 SOUTHERN BLVD.  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: PD  
Name: SINCLAIR, MICHAEL  
Address: 13005 SOUTHERN BLVD.  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VPD  
Name: SHLAMOWITZ, MORRIS  
Address: 13005 SOUTHERN BLVD  
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL SINCLAIR

P

04/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date